

MODIFICATION OF RADIATION USE AUTHORIZATION

Note: (Use only in modifying original request)
(Please type/print legibly, prepare original and one copy)
(Instructions for completion in field help or on second page)

Originator Name	Telephone No.	Organization Mail Code/Address	Date	Modification Number
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To: KSC RADIATION PROTECTION OFFICER

I. ORIGINATOR'S MODIFICATIONS (Use supplement sheets as needed)

Signature of Originator	Date	Signature of Area Radiation Officer	Date
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II. RADIATION PROTECTION REQUIREMENTS

III. AUTHORIZING SIGNATURES

Heath Physics	Date
KSC Radiation Protection Officer	Date
45th SW Radiation Protection Officer (if applicable)	Date
Chmn. KSC Radiation Protection Committee	Date

INSTRUCTIONS FOR COMPLETION

Refer to examples as delineated by KNPB 1860.1 and KNPR 1860.2, Appendix B, to complete this form.

Section I - Originators modification

Indicate any additions, deletions or modifications in approved procedures, location of use, device operating parameters, period of use or personnel.

Note: This form will be returned to you after review.